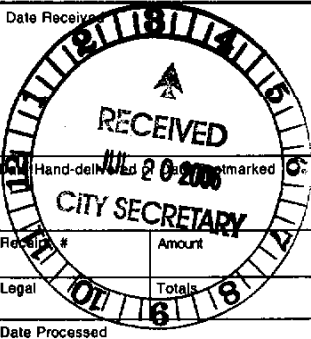


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

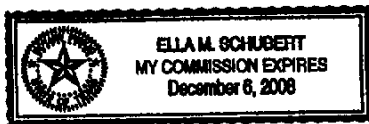
1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED		Month Day Year		Month Day Year	
		10 / 30 / 05		THROUGH 12 / 31 / 05	

6 EXPLANATION OF CORRECTION

My campaign staffer accidentally left off 12 contributors from Schedule A of my report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by MJ Khan this the 20 day of July.

20 06, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

[Signature]

Printed name of officer administering oath

[Signature]

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MS / MRS / MR: MJ. NICKNAME: Khan LAST: Khan SUFFIX:		OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	6289 Wilcrest #6103 Houston, TX 77072		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 861-0902		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MS / MRS / MR: Daniel NICKNAME: Hrna LAST: Hrna SUFFIX:		Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7747 Kirkwood Dr. #204, Houston, TX 77072			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(281) 564-9800			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 30 / 05 12 / 31 / 05		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 8 / 05		
12 OFFICE	OFFICE HELD (if any)		
Houston City Council, Dist F		13 OFFICE SOUGHT (if known)	
Houston City Council, Dist F			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME***M. J. Khan***16 ACCOUNT # (Ethics Commission Filer)****17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS****1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 31,076.12

**EXPENDITURE
TOTALS****3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$ 80.21

4. TOTAL POLITICAL EXPENDITURES

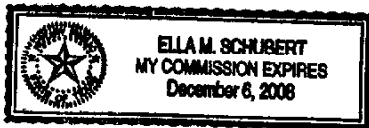
\$ 63,422.85

**CONTRIBUTION
BALANCE****5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD**

\$ 30,255.11

**OUTSTANDING
LOAN TOTALS****6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$

19 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MJ Khan, this the 20th day of July, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ella M. Schubert

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 1 of 3
FILER NAME: MJ Khan	ACCOUNT # (Ethics Commission filers)

Date 11-29-2005	Full name of contributor out of state PAC ID# _____ Barry Silverman	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] H [REDACTED] 77636		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Barry Silverman, LLC	

Date 12-1-2005	Full name of contributor out of state PAC ID# _____ Mike Garver	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] H [REDACTED]		
Principal occupation Job title (See Instructions) General Partner		Employer (See Instructions) BRH Garver Construction	

Date 12-6-2005	Full name of contributor out of state PAC ID# _____ Zinetta Burney	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] H [REDACTED]		
Principal occupation Job title (See Instructions) Attorney		Employer (See Instructions) Burney and Foreman	

Date 12-6-2005	Full name of contributor out of state PAC ID# _____ David Eastwood	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Engineer		Employer (See Instructions) Geotech Engineering & Testing Inc.	

Date 12-6-2005	Full name of contributor out of state PAC ID# _____ Charles Foster	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Attorney		Employer (See Instructions) Tindall and Foster, PC	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 2 of 3
FILER NAME: MJ Khan	ACCOUNT # (Ethics Commission filers)

Date 12-6-2005	Full name of contributor out of state PAC ID# MAXXAM Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 12000 [REDACTED] Blvd. [REDACTED] [REDACTED] [REDACTED] TX 77050-0000		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-6-2005	Full name of contributor out of state PAC ID# Herb Johnson	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 6100 [REDACTED] [REDACTED] Houston, TX 77061		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) HVJ Associates, Inc.	

Date 12-6-2005	Full name of contributor out of state PAC ID# Nathelyn Kennedy	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 2100 Hillcroft, Suite 740 Houston, TX 77004		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) Nathelyne A. Kennedy & Associates	

Date 12-6-2005	Full name of contributor out of state PAC ID# Roman Martinez	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED] TX 77000		
Principal occupation Job title (See Instructions) Exec Vice President		Employer (See Instructions) Texas Taxi Inc.	

Date 12-6-2005	Full name of contributor out of state PAC ID# Anan Qaddumi	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 4 [REDACTED] [REDACTED] TX 77000		
Principal occupation Job title (See Instructions) VP, Operations		Employer (See Instructions) The Interfield Group	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

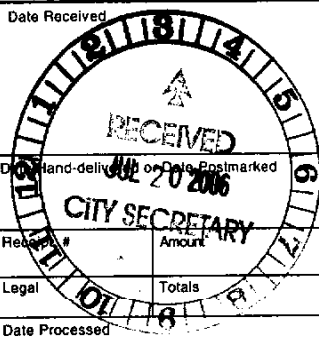
The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 3 of 3
FILER NAME: MJ Khan	ACCOUNT # (Ethics Commission filers)

Date 12-6-2005	Full name of contributor out of state PAC ID# Chris Wilmot	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 1001 M. K. Hwy. [REDACTED]		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) WCW International, Inc.	

Date 12-6-2005	Full name of contributor out of state PAC ID# Giti Zarinkelk	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 3000 [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) Zarinkelk Engineering Services, Inc.	

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

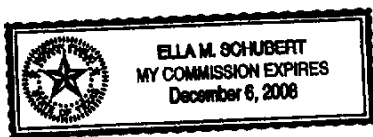
1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Received Date Hand-delivered or Date Postmarked Referral # Amount Legal Totals Date Processed Date Imaged			
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit					
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	06		6	30	06

6 EXPLANATION OF CORRECTION

My campaign staff accidentally left off one contributor from Schedule A of my report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

- ☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by M.J. Khan this the 20 day of July

20 06 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

ELLA M. SCHUBERT
Printed name of officer administering oath

Notary public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI M.J. Khan	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6289 Wilcrest #6103 Houston, TX 77072		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 861-0902		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Daniel Hanna	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7747 Kirkwood Dr. #204, Houston, TX 77072		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 564-4800		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 06 6 / 30 / 06		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Houston City Council, Dist F		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	13 OFFICE SOUGHT (if known)		
	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

M. J. Khan

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 21,025.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 30.00

4. TOTAL POLITICAL EXPENDITURES

\$ 16,670.33

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 37,476.85

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. J. Khan, this the 20th day of July, 20 06, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 1 of 1
FILER NAME: MJ Khan	ACCOUNT # (Ethics Commission filers)

Date 3-1-2006	Full name of contributor out of state PAC ID# HOUCON PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code PO Box 920843 Houston, TX 77292		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	